STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G272	A. BUILDING 00 B. WING	09/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN-PACT INC	723 N 200 E VALPARAISO, IN46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for the investigation of complaint #IN00096221. COMPLAINT #IN00096221: Substantiated-Federal/State deficiencies related to the allegation are cited at W149 and W288. Dates of Survey: September 14, 15, and 16, 2011. Facility number: 000792 Provider number: 15G272 AIM number: 100249020 Surveyor: Tim Shebel, Medical Surveyor III-Team Leader The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/22/11 by Ruth Shackelford, Medical Surveyor III.	W0000		
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected implement their abuse/neglect policy to assure 1 of 1 client requiring one on one staffing (client C) received the one on one staffing. Findings include:	W0149	W 149Staff #7 received a disciplinary action for not following the 1:1 staffing for client C. Responsible person: Samantha Baker, Club House Supervisor. Staff #7 recieved training on the staff to consumer ratio. Responsible person: Samantha Baker, Club House Supervisor. All staff recieved	10/16/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	The facility's records were reviewed on 9/14/11 at 11:04 A.M.. The review of incident reports from 3/1/11 to 9/14/11 indicated the following: "Name: [Client C], Date: 8/31/2011, Location: (where incident occurred) Day Program, Narrative: This incident was reported by [Client T] (Unknown client attending day program). [Client T] was in the game room playing with the Wii with another consumer. Also in the game room was [Client C], however his (Client C's) one to one staff (one staff to supervise one client) had left the room leaving [Client C] unsupervised. [Client C] stood up and pulled off [Client T's] glasses and scratched [Client T's] eye. [Client T] retrieved his glasses and directed [Client C] to the closest chair to sit down. When staff (staff #7) returned to the room, [Client T] reported the incident to staff (staff #7.) Plan to Resolve: Staff (staff #7) has been suspended pending the outcome of an investigation of neglect since a one on one consumer (Client C) was left unsupervised. [Client T] will be monitored for signs of infection." The facility records were further reviewed on 9/14/11 at 11:11 A.M.. The results of the investigation of the aforementioned 8/31/11 incident, dated 9/7/11 indicated the following: "The allegation of neglect		training on what to do/how to handle if staff's attention is deverted or if staff have to use the restroom. Responsible person: Samantha Baker, Club House Supervisor.A protocol was developed for client C on 1:1 staffing. Responsible person: Traci Hardesty, QMRP.All staff recieved training on Client C's protocol. Responsible person: Samantha Baker, Club House Supervisor.To ensure future compliance, a day service contact will be made at least monthly. Responsible person: Peggy Buchanan, Group Home Manager & Traci Hardesty, QMRP.	

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was substantiated and the staff (staff #7) received disciplinary action." The review further indicated staff #7's disciplinary action was a written/verbal warning, counseling, and retraining on client C's one on one protocol and the facility's abuse/neglect policy.

Community Learning Program Supervisor was interviewed on 9/15/11 at 10:38 A.M.. Community Learning Program Supervisor stated, "Staff (staff #7) was written up and given a verbal warning and retrained on [client C's] behavior program. [Client C] is on line of sight one on one (within eyesight.) Staff (all staff working with Client C at day program) are trained on his (client C's) one on one and must have [Client C] with them all of the time so further incidents do not occur. I monitor his (Client C's) one on one staff. If further incidents should occur with (staff #7) he will be terminated. It was neglectful of him (staff #7) to leave [Client C] unsupervised."

Day Services Manager was interviewed on 9/15/11 at 10:47 A.M.. Day Services Manager stated, "It was neglect for the staff (staff #7) to leave (Client C) unsupervised."

The facility's records were further reviewed on 9/15/11 at 2:11 P.M.. A

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	review of the facility's "Policy on Reporting and Investigating Incidents and Allegations of Abuse and Neglect", no date, indicated in part the following: "b. Neglect - includes failure to provide appropriate care, food, medical care or supervision." This federal tag relates to complaint #IN00096221. 1.1-3-2(a)			
W0288	Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. Based on record review and interview, the facility failed to address one on one staffing in an active treatment program for 1 of 1 client receiving one on one staffing (client C.) Findings include: The facility's records were reviewed on 9/14/11 at 11:04 A.M.. The review of incident reports from 3/1/11 to 9/14/11 indicated the following: "Name: [Client C], Date: 8/31/2011, Location: (where incident occurred) Day Program, Narrative: This incident was reported by [Client T] (Unknown client attending day program). [Client T] was in the game room playing with the Wii with another consumer. Also in the game room was [Client C], however his (Client C's) one to one staff (one staff	W0288	W288Staff #7 received a disciplinary action for not following the 1:1 staffing for client C. Responsible person: Samantha Baker, Club House Supervisor. Staff #7 recieved training on the staff to consumer ratio. Responsible person: Samantha Baker, Club House Supervisor. All staff recieved training on what to do/how to handle if staff's attention is deverted or if staff have to use the restroom. Responsible person: Samantha Baker, Club House Supervisor.A protocol was developed for client C on 1:1 staffing for active treatment. Responsible	10/16/2011

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	to supervise one client) had left the room leaving [Client C] unsupervised. [Client C] stood up and pulled off [Client T's] glasses and scratched [Client T's] eye. [Client T] retrieved his glasses and directed [Client C] to the closest chair to sit down. When staff (staff #7) returned to the room, [Client T] reported the incident to staff (staff #7.) Plan to Resolve: Staff (staff #7) has been suspended pending the outcome of an investigation of neglect since a one on one consumer (Client C) was left unsupervised. [Client T] will be monitored for signs of infection." Day Services Manager was interviewed on 9/15/11 at 9:47 A.M.. Day Services Manager stated client C had been receiving one on one staff supervision for "at least six months." Client C's record was reviewed on 9/15/11 at 10:00 A.M.. A review of the client's 6/15/11 Behavior Support Plan did not indicate one on one staff supervision was included in the plan. A review of the client's "one on one staffing protocol", dated 9/11 defined Client C's one on one supervision requirements and how staff were to implement the client's one on one. QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 9/15/11 at 10:15 A.M.. QMRP #1 stated Client C had been receiving one on one staffing at day program "for some time now." QMRP #1 further stated Client C's "one on one staffing protocol was not included in an active treatment program "until after the 8/31/11 incident." This federal tag relates to complaint #IN00096221. 1.1-3-5(a)		person: Traci Hardesty, QMRP.All staff recieved training on Client C's protocol. Responsible person: Samantha Baker, Club House Supervisor.To ensure future compliance, a day service contact will be made at least monthly. Responsible person: Peggy Buchanan, Group Home Manager & Traci Hardesty, QMRP.	

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